ORIGINAL



DONNELLY, J.

IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF NEW YORK

BLOOM, M.J.

La Quan DeVota Harris

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

James Sowell. Lyrus Robert VANCE. NitiN Savur. Chauncey Parker Michael Sachs. John Frank Carey Dunne

(Write the full-name-of-each-defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Complaint for Violation of Civil Rights

(Non-Prisoner Complaint)

Case No. CV 20 - 522

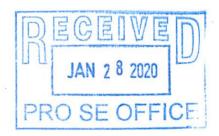
(to be filled in by the Clerk's Office)

Jury Trial:

□ Yes

☑ No

(check one)



NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in *forma pauperis*.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint.	Attach
additional pages if needed.	

Name	LaQuan DeVota Harry
Street Address	91-93 East 4bstreet
City and County	Brookly Kings
State and Zip Code	New York 11203
Telephone Number	914 /ABB 7283
E-mail Address	

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known)-and-eheck whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1		
Name	James Sowell	
Job or Title	DA offices	
(if known)	=: -://: - 1 .0	
Street Address	One Hogan Aluce	
City and County	one Hogan place	Man
State and Zip Code	Manhattan Newsork	10013
Telephone Number	212 335 9000/	
E-mail Address	··.	•
(if known)		

Defer	Name Job or Title (if known) Street Address City and County State and Zip Code Telephone Number E-mail Address	NITIN SOLUT DA OFFICE ONE HOGEN PLACE Manha Etan 10013 2123359000	
	(if known)		
Dofo-	dant No. 3		
Deten	Name	MICLOCIAL SCICLOS	
	Name Job or Title	TA OPPICE	
	(if known)	163	
	Street Address -	in PSU 125 S/	
·	City and County	Manhattan	
	State and Zip Code	NY 10027	
	Telephone Number	212 864-1889	/
	E-mail Address		
	(if known)		•
į, į			
Defend	lant No. 4		
	Name	JOHN + WIV	
	Job or Title	DA OFFICE	
	(if known) Street Address	530 Gest 160th suite cont	1 .
	City and County	Nacal attack	1
•	State and Zip Code	New YORK 10020	
	Telephone Number	20 3/3/ 15/00	
	E-mail Address		
	(if known)	•	

Name Job or Title (if known) Street Address City and County State and Zip Code Telephone Number E-mail Address (if known)	Gilford Gittens DA Office one Hogan place Manhattan My 10013 712 335 9000	
Name Job or Title (if known) Street Address City and County State and Zip Code Telephone Number E-mail Address (if known)	Corey Dunne DA Joseph Diece Ne Hogan place Manhatian My 10013 22 335 Doso	
Defendant No. 4		
Name Job or Title (if known) Street Address City and County State and Zip Code Telephone Number E-mail Address (if known)		

Defendant No. 3
Name Grus Kobert Vance DR.
Job or Title DA OFFICE
(if known)
Street Address ONE HOOM Place
City and County Mankattal
State and Zip Code New JORK 10013
Telephone Number 2 12 335 9000
E-mail Address
(if known)
Defendant No. 5
Name Giltord (DitteNS
Job or Title DA OFFICE
(if known)
Street Address 65 West 125 50
City and County Managettan
State and Zip Code 1002
Telephone Number 212 360 1984
E-mail Address
(if known)
Defendant N
Name Chairnel Varter
Job or Title DA OFAICE
(if known)
Street Address 530 West 1665+ Suite 600 A
City and County Washattan
State and Zip Code 1003Z
Telephone Number 27.335-3320
E-mail Address
if known)

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II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A.	Are you oringing suit against (check all that apply):
	State or local officials (a § 1983 claim)
	Federal officials (a Bivens claim)
В.	Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?
C.	Amendment 5-Bight of person Violation Amendment 6 Pights of Accused in Ciminal prosecutions Amendment 8-Further Guaran tee No CR minal Cases. Plaintiffs suing under Bivens may only recover for the violation of certain constitutional rights. If you are suing under Bivens, what constitutional right(s)
	do you claim is/are being violated by federal officials? MR Hards was Falusely are stad, PERROY proclaimed theft of Nystate Legal Documentation ID theft Money Londer ING. Excessive Eggl cryel and unusual Punish ment were INFLIC ted all IN ALL False tes tomore
D.	Section 1983 allows defendants to be found liable only when they have acted
2.	"under color of any statute, ordinance, regulation, custom, or usage, of any State
	or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing
	under section 1983, explain how each defendant acted under color of state or local
	law. If you are suing under Bivens, explain how each defendant acted under color
	00 1 11 Av. 1 110 1 1 110 1 1 111 1
	Excessive byil was required Crue and unusual punish ments knere inflicted to False tostomoned on DAS benafe & Aresting of Framing MP Harris

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A.	Where did the events giving rise to your claim(s) occur?
	west 28th stehest 345t man 14 NOV 7.18.
	New york city transit trail No 194 Form 34th.
	Heft Bank Cord ID card cell Money stoll
B.	What date and approximate time did the events giving rise to your claim(s) occur?
	At 3.15 pm on Not 7,2018 Gilford
	Gutters of Address know to the district
	Afterneys office Followed MR Heroir From the
C.	What are the facts underlying your claim(s)? (For example: What happened to
	you? Who did what? Was anyone else involved? Who else saw what happened?)
	all the DA offices are involved with the
	Plot & crimes of large, MR Harris was
	accused of carring fire arms and hand
 	to that har MR Guttens and the
	A office could have the Dogments
	MR, Harris was carring classified
٠	State legal Das on NOV7 2018 gt 315 pm
	Red Colleg Cime Community
•	the CCRB Building in Man. W.
	all 8 referred ants placed been ploting and
	targeting MR Harris Stulling le docis
	Since 2016

TT 7	.	
IV.	Inju	ıries

		If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.
		- WA TOUGH VO VOI YET IN MICO.
		· · · · · · · · · · · · · · · · · · ·
	V.	Relief
		State briefly what you want the court to do for you. Make no legal arguments. Do not
		cite any cases or statutes. If requesting money damages, include the amounts of any
,		actual damages and/or punitive damages claimed for the acts alleged. Explain the basis
	·	for these claims. Favor to Plantiff, 6.93 million Dollars,
		I want the court to retrive my legal
	,	DOCUMENTATIONS. MR HEAVILL IS rEQUESTING
		Thomain damanoc for theft. Soven teen thousand pollars
٠		The Plot The consport of accord NOV 7 2018 at
		25042 CIC 1 CETOS FALLO DEL ME HERRILIE
: •		5 TOWN ENTERED TOWN TOWN TOWN
	<u> </u>	Le CCBB BUILDING Framily I MK HEDIS
	7	Painsit Cops, For Franch lent & Criminal
	(asports with the VIATTERMIND MRHavas
. ,	VI.	Certification and Closing CYCle 2 if persury occurs Mr Harris is grated 1683000 and Closing CYCle 2 if persury occurs cycle 3 Favor to 6,93 mil
		Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my
		knowledge, information, and belief that this complaint: (1) is not being presented for an
		improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the
		cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for
		extending, modifying, or reversing existing law; (3) the factual contentions have
		evidentiary support or, if specifically so identified, will likely have evidentiary support
		after a reasonable opportunity for further investigation or discovery; and (4) the
		complaint otherwise complies with the requirements of Rule 11.

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A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where caserelated papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: _

Signature of Plaintiff

Printed Name of Plaintiff